

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

**OFFSHORE MARINE SERVICE ASSOCIATION PAC**

ADDRESS (number and street)

935 Gravier Street

☒ (Check if address is changed)

Suite 2040

New Orleans

CITY ▲

LA

STATE ▲

70112

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

sarah@offshoremarine.org

Optional Second E-Mail Address

ben@offshoremarine.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

01 / 28 / 2014

3. FEC IDENTIFICATION NUMBER ►

C C00455584

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sarah K. Branch

Signature of Treasurer

Sarah K. Branch

[Electronically Filed]

Date

01 / 29 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)